

**REQUEST FOR
CONTINUED EXAMINATION
(RCE)**

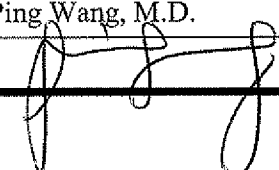
| | |
|------------------------|---------------------|
| Application Number | 10/519,994 |
| Filing Date | September 7, 2005 |
| First Named Inventor | Peter MILLS, et al. |
| Confirmation No.: | 5120 |
| Group Art Unit | 1794 |
| Examiner Name | Kevin R. KRUER |
| Attorney Docket Number | 20941-71516 NATL |

This is a Request for Continued Examination under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendments(s).
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief filed on ____.
- ii. ☐ Other: ____.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☒ Information Disclosure Statement (IDS)
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required).
- b. ☐ Other: ____.
3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 50-3537.
- i. ☒ RCE fee required under 37 C.F.R. 1.17(e).
- ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17).
- iii. ☐ Other: ____.
- b. ☐ Credit card authorization in the amount of \$ ____ is enclosed.

CORRESPONDENCE ADDRESS

The address associated with Customer Number: **24728**

| | | | |
|------------|---|-------------------|-----------------|
| Name: | Ping Wang, M.D. | Registration No.: | 48,328 |
| Signature: |  | Date: | August 27, 2009 |